

FOIA Request #: 031420187071

Medicare Enrollment Revocations Data

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Request Overview

Deliver list of all providers who have been revoked under Medicare, including: NPI, PECOS Number, Name, City, State, Date of Revocation, Reason for Revocation, Date Revocation Ended, Reason Revocation Ended.

Data Output

Information/Fields

- NPI
- Medicare Enrollment ID
- Legal business name (or individual legal name)
- State of enrollment
- Practice and correspondence addresses
- Timeframe enrollment was in revoked status in PECOS
- Reason for revocation
- All information is provided at the enrollment level, and for revocation initiated, or ending, in PECOS between January 1, 2011 and July 3, 2018.

All enrollment information and data provided is based on a point in time and may be subject to future change based on updates.

Data Descriptions and Relationships

The subsections below describe the data elements and relationships with each tab of attached Excel workbook.

Provider Enrollment Revocations Information

The tab “Enrollment Revocations” contains information at the provider enrollment revocation level. Note that enrollments can be revoked more than once over time, so a single enrollment may be listed more than once. This data can be considered at the enrollment revocation action level.

Table 1. Provider Enrollment Revocations Data Details.

Table Section Name	Column Name	Description
PECOS Provider Enrollment Information	Medicare Enrollment ID	Unique number for Medicare enrollments
	Legal Business Name	Provider's legal business name enrolled with Medicare
	Individual Provider Name	Individual practitioner's individual name enrolled with Medicare
	Role Type	Role of providers enrollment
	Enrollment State	State of enrollment
	Current Final Status	Current Final Status provided in PECOS
Enrollment Revocation Information	Start Date of Revocation Status	Date providers' Medicare enrollment status changed to revoked in PECOS, however does not indicate the effective date of the revocation or change in billing privileges.
	End Date of Revocation Status	Date providers' Medicare enrollment status changed from revoked in PECOS, however does not indicate the effective date of the revocation or change in billing privileges.
	Revocation Status Reason Description	Reason description for why the revocation was entered in PECOS

Fully Revoked Providers Information

The tab “Fully Revoked Providers” provides a subset of “Enrollment Revocations” tab to providers we considered fully revoked and ineligible to bill Medicare as of July 3, 2018. These providers had no open, active enrollments and their most recent enrollment status change was a revocation.

All data elements in the fully revoked providers table are the same as the enrollment revocations table with the addition of PAC ID. PAC ID is a provider level identifier that is unique to CMS. Please note that since this request was for a subset of the original revocations report, not all enrollments under a provider may be present. By definition, only revoked enrollment information will be present in these data.

Enrollment NPIs

The tab “NPIs” contains NPIs for enrollments listed in the Enrollment Revocations tab. Organizational and individual providers can list unique NPI on multiple enrollments, and organizational providers can list multiple NPIs on a single enrollment. NPIs can be joined with revocations data on “Enrollment ID” to obtain the list of NPIs associated with the revoked enrollments.

Table 2. Provider Enrollment NPI Data Details.

Table Section Name	Column Name	Description
PECOS Provider Enrollment Information	Medicare Enrollment ID	Unique number for Medicare enrollments
	NPI	National Provider Identifier

Enrollment Practice and Correspondence City and State Information

The tab “Addresses” contains practice and correspondence city and state address information listed under revoked enrollments provided in “Enrollment Revocations.” This address information can be joined with revocations data on “Enrollment ID” to obtain practice and correspondence address information associate with the revoked enrollments.

Table 3. Enrollment Correspondence and Practice City and State Data Details.

Section Name	Column Name	Description
Provider Address Information	Medicare Enrollment ID	Unique number for Medicare enrollments
	City	City of enrollments mailing and/or practice address
	State	State of enrollments mailing and/or practice address
	Type of Address (Mailing, Practice, Both)	Indicator for whether the city-state combination represents an enrollment's mailing address, practice location or both mailing and practice location.

Some Data Notes

Providers with Revoked Enrollments and Billing

A provider with a revoked enrollment does not necessarily mean that the provider cannot bill Medicare or Order and Refer at all. A single provider can have multiple enrollments, each with their own status (e.g., revoked enrollment in one state and an approved enrollment in another). Once a Providers Enrollment is revoked that does not mean their enrollment will be in revoked status permanently. A Provider can reenter the Medicare program after their enrollment bar has been lifted, has been assigned a waiver, or their revocations have been overturned because of appeals and reinstated back into the Medicare program.

Individual Practice Locations

Individual enrollments reassigning their benefits to a Part B organization inherit *all* of the organizations practice locations. This means that a revoked individual enrollment with reassignment relationships may not physically practice in all city-state combinations listed in addresses tab.

Legacy Data System Conversions and Missing Provider Information

Data elements, such as NPI and address information, may be missing in these data because they were missing in legacy data systems before conversion to PECOS.

Explanation of the Revocation of Medicare Billing Privileges

CMS has the authority to revoke the Medicare billing privileges and participation agreement of providers/suppliers for 14 reasons all arising out of the Code of Federal Regulations ([42 CFR 424.535](#)). Each revocation is issued with an enrollment bar ranging from one to three years based on the facts underlying the revocation. When a provider/supplier is revoked, it receives written notification of the revocation. CMS does have the authority to retroactively revoke when issuing revocations concerning a federal health care exclusion, felony conviction, or a provider/supplier who is non-operational. In these circumstances, the effective date is the date of each of the respective actions.

Providers/suppliers who are revoked have appeal rights extending from the revocation. For providers/suppliers who a revoked for noncompliance with a Medicare policy, the submission of a

Corrective Action Plan (CAP) and/or reconsideration request are first level appeals. A CAP must be submitted within 30 days of the date of the revocation letter and does not entitle the provider to any further appeals. It is the provider's opportunity to correct the errors or deficiencies for which it was revoked. For providers/suppliers who are revoked for reasons that do not include non-compliance, a reconsideration request is the only opportunity for a first level appeal. The reconsideration must be submitted within 60 days of the date of the revocation notification letter and entitles the provider/supplier to continue on to other levels of appeal. It is the provider's opportunity to identify errors in the initial revocation determination. If the provider/supplier is dissatisfied with the reconsideration decision, it may submit a request to Civil Remedies Division of the Departmental Appeals Board (DAB) for an ALJ hearing. If it is dissatisfied with the ALJ decision, it may submit a request to the Appellate Division of the DAB for decision by a three person panel. If it is dissatisfied with the Appellate DAB decision, it may seek judicial review of the Board's decision federal district court.